

# Sunday School Registration 2019-2020

Please fill out a separate form for each child, *thank you!*

Child's Name \_\_\_\_\_ Birthday \_\_\_\_\_ Grade \_\_\_\_\_

Address/City \_\_\_\_\_

## Parent/Guardian (1)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

## Parent Guardian (2)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

## Emergency Contact

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to child \_\_\_\_\_

## Health History:

These questions are asked for the benefit of your child and so that we may provide the best experience and safest environment for everyone involved.

Allergies or Medical Conditions \_\_\_\_\_

Does your child carry an epi-pen? \_\_\_\_\_

Do you give permission to our teachers to administer the epi-pen if necessary? \_\_\_\_\_

If your child has a special need or a learning difference, please tell us how we can best accommodate and support your child during their time with us on Sunday mornings.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Sunday School Curriculum Updates

How would you like to receive weekly updates about what your child is learning in Sunday School? Please provide the phone number and/or email that you would like to use for curriculum updates.

Text Message \_\_\_\_\_

Email \_\_\_\_\_

**Photography Release**

- I give permission to The First Presbyterian Church at Caldwell to photograph my child participating in church activities and to use those photographs in brochures, newsletters, on the website or social media, only in connection with promoting The First Presbyterian Church at Caldwell programs.
- I do not want my child’s photograph to be taken. I understand that this may result in my child being removed temporarily from an activity in order to allow for photographs to be taken.

**Medical and Liability Release**

Every activity sponsored by The First Presbyterian Church at Caldwell is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent/guardian agrees to assume and accept all risks and hazard in church-related social activities. They also agree not to hold this church, its employees, or volunteer assistants, liable for damages, losses, or injuries to the person undersigned. The parents/guardians understand that they are signing for the minor listed on this form and the signature is for both medical and liability release.

In the event that I cannot be reached in an emergency while my child is participating in an event or Sunday School at The First Presbyterian Church at Caldwell, I hereby give my permission to the physician or dentist selected by the church leadership to hospitalize, to secure proper treatment, and/or order an injection, anesthesia, or surgery for my son or daughter as deemed necessary.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_